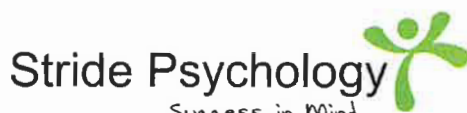


# **EXHIBIT AA**



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## PSYCHOLOGICAL EVALUATION

### CONFIDENTIAL

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**Patient Name:** Jessica Kahraman  
**Date of Birth:**  
**Age:**  
**Case Manager:** Madison Bell  
**Participant ID:**  
**Date of Evaluation:** 04/16/2019  
**Evaluator:** Mary Oakley, Psy.D., CMPC  
Licensed Psychologist

### Reason for Referral

Ms. Kahraman was referred for a psychological evaluation to assess for a mental health condition, determine prognosis and appropriate services, assess for addictive behavior risks, determine if there are any risks to children in her care, and assess for stress factors in the parent-child relationship.

Ms. Kahraman was aware she was referred for the evaluation by DCS. She was informed of the purpose of the evaluation. The limits of confidentiality were discussed, including any statements made and test results could be included in the final report which was being forwarded to DCS and could be admitted to court. Ms. Kahraman agreed to participate in the evaluation and signed the necessary consent forms. Findings of the evaluation were based solely on an interview with Ms. Kahraman, test results, and records noted. It is possible that additional information could alter the ultimate conclusions and recommendations of the evaluation.

### Records Reviewed

Records provided by DCS include the following:

- Report to the Juvenile Court for Preliminary Protective Hearing and/or Initial Dependency Hearing dated 01/08/2019
- Arizona Department of Child Safety Case Plan dated 07/11/2019
- Comprehensive Child Safety and Risk Assessment dated 12/19/2018
- Email Correspondence from Foster Mother dated May 8, 2019
- Therapeutic Supervised Visitation Report (3) dated February 2019, March 2019, & April 2019



**DCS Questions/Recommendations**

- 1) Does the parent suffer from a mental illness/personality disorder/thought disorder/signs of psychosis/substance abuse disorder/mental deficiency/retardation, etc. per the DSM? If so, how does it impact his/her ability to parent at this time?**

Ms. Kahraman was not given any mental health diagnoses. She was noted to have traits consistent with Obsessive-Compulsive Personality Disorder in that she might be particularly rigid and perfectionistic and adhere strictly to rules, regulations, or ideas. This is likely why she has been so focused on her children's health and fearful of increasing their exposure to new foods and increased calories. She seems to be hyper focused on health and nutrition. She also may have inadvertently reinforced her children complaining of physical ailments or injuries. If she is not able to recognize these traits, they could result in similar patterns in the future.

- 2) What is the prognosis that the parent will be able to demonstrate minimally adequate parenting skills in the foreseeable future? With existing/proposed interventions, do you feel he/she will be able to discharge parental responsibilities in the foreseeable future?**

Ms. Kahraman's prognosis is dependent on her openness for accepting feedback and implementing positive change. She appears generally quite capable of parenting and has gone above and beyond to demonstrate that she loves her children and wants to do what is best for them. Yet, she still fails to acknowledge her role in her children's health problems, despite evidence indicating that her children have been able to tolerate new foods, to be physically active, and to be fine even when exposed to white board markers.

- 3) Is a child in the care of this parent likely to be a risk in any way? If so, explain.**

Ms. Kahraman appears to be quite motivated to have her children return to her care. She has taken numerous parenting classes, particularly related to food and nutrition. Yet, she has not made any acknowledgement of her role in her children's illness, even if it was unintentional.

- 4) Are there reasonable grounds to believe that the conditions will continue for a prolonged, indeterminate period of time?**

Ms. Kahraman reported that she has enrolled in individual counselling services. If she is open to feedback and to gaining insight into her role in DCS involvement and regarding her rigidity to matters of health and diet, her symptoms can improve.

- 5) Are there any mental health services that could be provided to improve the parent's condition? If so, what specific services are recommended? Include a suggested time frame for completion. If therapy is recommended, what should the therapy address?**

Ms. Kahraman reported that she has been referred for individual counseling services. It is advised that she follow through with these symptoms. Goals of treatment should include gaining insight into her maladaptive personality traits including rigidity and adherence to specific regulations,

particularly as it relates to her children's health and diets. Treatment can help her take accountability in her role in DCS involvement.

Ms. Kahraman also expressed interest in participating in family therapy. Family treatment may help her learn new ways of interacting with her children, particularly as it relates to their health and diets. She could benefit from learning how to not reinforce a sick role in her children, while still being nurturing and open.

**6) Should the parent be referred for a psychiatric evaluation?**

A psychiatric evaluation does not seem necessary at this time.

**7) Additional Issues/Concerns:**

There is concern that Mother is continuing to deny medical neglect, despite evidence suggesting that both children have been able to walk, eat a variety of foods, be exposed to white board markers, have improved overall physical health, and have gained weight since they have been removed from their parents' care.

There is not sufficient evidence to suggest that Ms. Kahraman was intentionally harming them. Yet, it seems as though Ms. Kahraman's fears and rigidity have been interfering with the children's health and growth.

Mother clearly cares for her children and has made some behavioral attempts to do what she needs to in order to be reunited, including participating in DCS services and taking additional parenting classes. With treatment she will hopefully be able to gain insight into her role and into some of her rigidity so that she can resume parenting without exposing her children to risk and revert back to her previous habits.

Thank you for granting me the opportunity to complete this psychological evaluation. If you have any additional questions, I can be reached at (480) 839 6264.

Mary Oakley, Psy.D., CMPC  
Licensed Psychologist